STATEMENT OF DEFICIENCIES X1) PI		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A PULL DING 00		COMPLETED			
155095		A. BUILDING B. WING	08/08/2011					
		L		ADDRESS, CITY, STATE, ZIP CODE				
NAME OF PROVIDER OR SUPPLIER								
HERITAGE PARK			2001 HOBSON ROAD FORT WAYNE, IN46805					
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)			
PREFIX	(EACH DEFICIEN	NCY MUST BE PERCEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION			
TAG	REGULATORY OR	R LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE			
F0000								
	This visit was fo	or the investigation of	F0000	The creation and submission	-			
	Complaints Nun	nber IN00094140 and		this Plan of Correction does constitute an admission by t				
	Number IN0009	4406.		provider of any conclusion s				
	Complaint Number			forth in the statement of				
				deficiencies, or of any violat	ion of			
	•	bstantiated. Federal/state		regulation.This provider				
	deficiencies related to the allegations are cited at F 282 and F 502. Complaint Number IN00094406-Substantiated. Federal/state deficiencies related to the allegations are cited at F282.			respectfully requests that the				
				2567L Plan of Correction be considered the Letter of Cre	I			
				Allegation.Based on past su				
				history and no harm identifie				
				any resident; this facility				
				respectfully requests a desk				
				review in lieu of a post-surve	•			
				revisit on or before August 3	0,			
				2011.				
	Survey dates: Au	ugust 4, 5, 8, 2011						
	Facility number:	: 000038						
	Provider number: 155095 Aim number: 100274830 Survey team: Ann Armey, RN Census bed type: SNF: 22 SNF/NF: 149 Total: 171 Census payor type:							
	Medicare: 27							
	Medicaid: 107							
	Other: 37							

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

PN5Y11

Facility ID:

TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		´ [` ´		X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER: 155095	1	BUILDING 00		08/08/2011	
100000			B. WING	_	DDRESS, CITY, STATE, ZIP CODE	00/00/2	
NAME OF PROVIDER OR SUPPLIER					DBSON ROAD		
HERITAGE PARK					/AYNE, IN46805		
(X4) ID		TATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF COMPACTIVE ACTION			
PREFIX	(EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETION DATE
TAG		LSC IDENTIFY ING INFORMATION)		IAG	DET TELENCT)		DATE
	Total: 171						
	Sample: 4						
	These deficiencies reflect state findings						
	cited in accordan	ce with 410 IAC 16.2.					
	Quality review co	ompleted 8/9/11					
	Cathy Emswiller RN						
F0282 SS=D	facility must be pro	ded or arranged by the ovided by qualified persons a each resident's written					
	Based on observa	ation, interview and	F02	.82	It is the practice of this provider to		08/22/2011
	record review, th	e facility failed to follow			ensure the services provided	or	
	physician orders for obtaining lab				arranged by the facility are provided by qualified persons	_	
	tests and monitor	ring a Peripherally			in accordance with each	'	
	Inserted Central	Catheter (PICC) line.			resident's written plan of care) .	
	This deficiency a	affected 1 of 3 residents			However, based on the alleg		
	reviewed, with p	eripheral catheters, in a			deficient practice the followin has been implemented:What		
	sample of 4. (Res	ole of 4. (Resident #C)			corrective actions(s) will be		
	Findings include:				accompished for those residents found to have been affected by the deficient practice:-Resident C has labs drawn per physicians		
	1. The clinical re	cord of Resident #C was			orderA physicians order wa		
reviewed on 8/4/11 a		11 at 1:30 p.m. and			received August 15, 2011 to		
		dent was admitted to the			discontinue measuring the		
	facility on 6/17/11, with diagnoses included but were not limited to, Γ				external PICC catheter daily. other residents were found to		
					have been affected by the all		
		of the lumbar spine.			deficient practiceHow will you		
	Admission orders, dated 6/17/11,				identify other residents havin potential to be affected by the	g the	
		dent was to receive			same deficient practice and v		
	marcatca the rest	dent was to receive			corrective action will be taker	1.	

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 00 A. BUILDING 155095 08/08/2011 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2001 HOBSON ROAD HERITAGE PARK FORT WAYNE, IN46805 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX (EACH DEFICIENCY MUST BE PERCEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE Vancomycin (an antibiotic medication), -Residents requiring laboratory monitoring have the potential to intravenously via a PICC line. be affected by the alleged deficient practice.-Residents with On 7/11/11, the infectious disease a physicians order to measure an external PICC line catheter daily physician ordered the following have the potential to be affected laboratory tests to be done every week on by the alleged deficient Tuesdays; CBC (Complete Blood Count), practice. What measures will be BMP (Basic Metabolic Panel), ESR put into pace or what systemic (Erythrocyte Sedimentation Rate), CRP changes you will make to ensure that the deficient practice does (Complete Renal Panel) and Vancomycin not recur:-The PICC line policy Trough. has been reviewed and distributed to the nurse On 7/11/11, a laboratory requisition was practitioners providing services in the facility. Determining the need sent requesting the weekly laboratory to measure the external catheter tests. is made on an individual basis rather than included in routine The July 2011 MAR, (Medication PICC line maintenance orders.-A meeting has been held with Administration Record) indicated the labs Parkview Laboratory Services to were to be done on 7/12/11, 7/19/11, and identify causative factors leading 7/26/11. to determining reasons the ordered labs were not drawn per facility's request.-Parkview Laboratory reports were reviewed with Laboratory personnel will Unit Director #1. There was no streamline information they documentation the following laboratory request by directing faxes and tests were done: phone calls to the facility's Medical Record Department in on 7/12/11, the CBC, BMP, CRP and addition to individual nursing ESR: stations to ensure information on 7/19/11, the BMP, CRP, ESR, and requested is provided timely.-The Vancomycin Trough; Unit Managers have been re-educated on the Laboratory on 7/26/11, the CBC, BMP, CRP, and Tracking System. Education ESR. includes but is not limited to identifying what labs have been On 8/5/11 at 9:30 A.M., Unit Director #1 ordered and appropriate documentation reflecting results indicated the laboratory tests had not been

Facility ID:

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 00 A. BUILDING 155095 08/08/2011 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2001 HOBSON ROAD HERITAGE PARK FORT WAYNE, IN46805 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX (EACH DEFICIENCY MUST BE PERCEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE done. He indicated the nurse faxed the have been received for each specific lab ordered. A pre-test laboratory requesting the weekly and post-test were administered laboratory tests but the laboratory never to verify understanding of the came to do the tests. The Unit Director laboratory tracking process. indicated the facility staff did not realize -Education provided August 17, 2011 by the Director of Nursing the laboratory test were not being done Services.-The Medical Records until 7/28/11. Licensed Nurse/Designee is responsible for oversight to Physician orders, dated 7/28/11, indicated ensure compliance. How the corrective action(s) will be the CBC, BMP, Sed Rate, and CRP were monitored to ensure the deficient to be done on 7/28/11, and then every practice will not recur:-CQI week starting on 8/2/11. monitoring tools titled "Labs/Diagnostics" and "PICC Lines" will be utilized for 8 On 8/8/11 at 9:30 A.M., the DON months. The Unit Managers will (Director of Nursing) indicated she had complete the CQIs on day shift spoken with the laboratory and they did every week x 4, monthly x 3 and quarterly thereafter.-Data will be not do the tests. submitted to the CQI committee. If threshold is not met, an action pan will be developed. 2. On 8/4/11 at 1:00 P.M., LPN #2 was -Non-compliance with facility observed administering intravenous procedure may result in disciplinary action up to and Vancomycin to Resident #C via a PICC including termination. (Peripherally Inserted Central Catheter) line in the right arm. Physician orders, dated 6/20/11 indicated "...Measure PICC line every day on 10p-6A..." The July and August 2011 MARs (Medication Administration Records) had no documentation the PICC line was being measured every day.

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURV			SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING 00		COMPLETED		
155095		B. WING 08/08/2011			011		
NAME OF PROVIDER OR SUPPLIER HERITAGE PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 2001 HOBSON ROAD FORT WAYNE, IN46805				
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	\top	ID PROVIDER'S PLAN OF CORRECTION			(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	re	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	<u> </u>	TAG	DEFICIENCY)	DATE	
	On 8/8/11 at 9:35 A.M., the DON (Director of Nursing) indicated the order to measure the PICC line was not						
		the July and August 2011					
		esult, the PICC line was					
	not measured.	esuit, the Free line was					
		ted there was no specific					
		measure external PICC					
	catheters but the nurse practitioner had						
	written an order for Resident #C's PICC line to be measured every day. This Federal tag relates to Complaint Numbers IN00094140 and IN00094406.						
	3.1-35(g)(2)						
F0502 SS=D	services to meet the	rovide or obtain laboratory ne needs of its residents. onsible for the quality and ervices.					
ı	Based on intervi	ew and record review,	F0:	6	It is the practice of this provide	neet	08/22/2011
	the facility failed	to follow physician			ensure laboratory services method the needs of its residents and		
	orders for obtain	ning laboratory tests.			ensures quality and timelines	-	
	This deficiency a	affected 1 of 3 residents			the services. However, base		
	reviewed, for the	completion of laboratory			the alleged deficient practice		
	tests, in a sample	of 4. (Resident #C)			residents found to have beer affected by the deficient follo		
	Findings include	:			has been implemented:What corrective action(s) will be accomplished for those resid	ents	
	1. The clinical re	cord of Resident #C was			found to have been affected	, ,	
	reviewed on 8/4/	11 at 1:30 p.m. and			the deficient practice:-Reside has labs drawn per physiciar		

		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
		IDENTIFICATION NUMBER: A. BUI		JILDING 00		COMPLETED	
155095		B. WING 08/08/2011			08/08/2011		
NAME OF PROVIDER OR SUPPLIER				STREET A	ADDRESS, CITY, STATE, ZIP CODE	•	
NAME OF FROVIDER OR SUFFLIER				2001 H	OBSON ROAD		
HERITA	GE PARK			FORT V	WAYNE, IN46805		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	`	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	DATE	
	indicated the resi	dent was admitted to the			order-No other residents we found to have been affected	· · ·	
	facility on 6/17/1	1, with diagnoses which			eHow		
	included but were	e not limited to, Diskitis,			nts		
	and osteomylitis	of the lumbar spine.					
		•			having the potential to be affected by the same deficient practice		
	Admission orders	s dated 6/17/11			rill be		
	Admission orders, dated 6/17/11, indicated the resident was to receive						
					laboratory monitoring have the		
	I	antibiotic medication),			potential to be affected by the		
	intravenously via a PICC line. On 7/11/11, the infectious disease physician ordered the following laboratory tests to be done every week on Tuesdays; CBC (Complete Blood Count), BMP (Basic Metabolic Panel), ESR (Erythrocyte Sedimentation Rate), CRP (Complete Renal Panel) and Vancomycin				alleged deficient practiceWh measures will be put into pla		
					what systemic changes you		
					make to ensure that the defi		
					practice does not recur:-A		
					meeting has been held with		
					Parkview Laboratory Service	•	
					identify causative factors lea	ding	
					to determining reasons the		
					ordered labs were not drawr facility's requestParkview	i pei	
	l ` •	raner) and vanconiyem			Laboratory personnel will		
	Trough.				streamline information they		
					request by directing faxes ar	nd	
		oratory requisition was			phone calls to the facility's		
	sent requesting th	ne weekly laboratory			Medical Record Department		
	tests.				addition to individual nursing	•	
					stations to ensure information requested is provided timely		
	The July 2011 M	AR, (Medication			Unit Managers have been	. 1110	
	Administration Record) indicated the labs were to be done on 7/12/11, 7/19/11, and 7/26/11. Laboratory reports were reviewed with Unit Director #1. There was no documentation the following laboratory				re-educated on the Laborato	ory	
					Tracking System. Education	, ,	
					includes but is not limited to		
					identifying what labs have be	een	
					ordered and appropriate	ulto	
					documentation reflecting res	•	
					specific lab ordered. A pre-t		
					and post-test were administe	•	
	tests were done:				to verify understanding of the		
	on 7/12/11, the C	BC, BMP, CRP and			laboratory tracking process.		
	ESR;		\perp		-Education provided August	17,	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

PN5Y11

Facility ID:

000038

If continuation sheet

Page 6 of 7

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155095		A. BUIL	(X2) MULTIPLE CONSTRUCTION (X3) DATE SUI COMPLET 08/08/201		ETED		
NAME OF PROVIDER OR SUPPLIER HERITAGE PARK (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			B. WING 08/06/2011 STREET ADDRESS, CITY, STATE, ZIP CODE 2001 HOBSON ROAD FORT WAYNE, IN46805				
PREFIX TAG	(EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)]	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	COMPLETION DATE	
	Vancomycin Tro on 7/26/11, the CESR. On 8/5/11 at 9:30 indicated the lab done. He indicate laboratory requestaboratory tests became to do the test indicated the fact the laboratory test until 7/28/11. Physician orders the CBC, BMP, to be done on 7/2 week starting on On 8/8/11 at 9:30 (Director of Nurs spoken with the not do the tests. This Federal tag	CBC, BMP, CRP, and O A.M., Unit Director #1 oratory tests had not been ed the nurse faxed the sting the weekly out the laboratory never ests. The Unit Director fility staff did not realize st were not being done dated 7/28/11, indicated Sed Rate, and CRP were 28/11, and then every 8/2/11.			2011 by the Director of Nursi ServicesThe Medical Reco Licensed Nurse/Designee is responsible for oversight to ensure compliance. How the corrective action(s) will be monitored to ensure the defipractice will not recur:-A CQ monitoring tool titled "Labs/Diagnostics" will be ut for 8 months. The Unit Manawill complete the CQIs on dashift every week x 4, monthly and quarterly thereafterDat be submitted to the CQI committee. If threshold is not met, an action plan will be developedNon-compliance facility procedure may result disciplinary action up to and including termination.	cient l ilized agers ly / x 3 a will ot	